

(1) PLACE OF BIRTH

County of SumterTownship of Privater

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 404 Registered No. 166

File No.—For State Registrar Only

44782

(2) Full Name of Child Annie Gillette Avin

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or triplet? (5) Number in order of birth(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 22 1916

FATHER.

(8) FULL NAME Horace Avin(9) PRESENT POSTOFFICE OF FATHER Findal A.C.R.#1(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Sumter Co., S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie McCall(15) PRESENT POSTOFFICE OF MOTHER Findal A.C.R.#1(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Sumter Co., S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 2 P.M. (Born alive or stillborn), (Hour A.M. or P.M.)(23) (Signature) Fannie S. Singleton

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Sumter Co., S.C.

Given name added from a supplemental report

(26) Witness A. B. Stoltz

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 29 1916 (28) Silas B. Stoltz

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

Caw. of Columbia.

McCaw